

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1646
CD-ROM or CD-R?::	No
Number of CD disks::	0
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	G PROTEIN-COUPLED RECEPTORS EXPRESSED IN BRAIN
Attorney Docket Number::	28341/6276.NX1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Gabriel
Family Name::	Vogeli
City of Residence::	Seattle
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	2576 Ninth Avenue West
City of mailing address::	Seattle
State or Province of mailing address::	WA

Postal or Zip Code of mailing address:: 98119

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Linda
Middle Name:: S.
Family Name:: Wood
City of Residence:: Portage
State or Province of Residence:: MI
Country of Residence:: US
Street of mailing address:: 10193 Fox Hollow
City of mailing address:: Portage
State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 49024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kalpana
Family Name:: Merchant
City of Residence:: Portage
State or Province of Residence:: MI
Country of Residence:: US
Street of mailing address:: 5015 Glencove Lane
City of mailing address:: Portage
State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 49024

Correspondence Information

Correspondence Customer Number:: 04743

Representative Information

Representative Customer Number:: 04743

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/698419	10/27/00

Assignee Information

Assignee name:: PHARMACIA & UPJOHN COMPANY

Street of mailing address:: Building 209

301 Henrietta Street

City of mailing address:: Kalamazoo

State or Province of mailing address:: MI

Postal or Zip Code of mailing address:: 49001